



Township of Ocean
50 Railroad Avenue
Waretown, New Jersey 08758
609 693-3302 EXT. 221



APPLICATION
WARETOWN MEMORIAL RECREATION PARK

Name of Applicant – Group or Organization _____ DATE: _____

Address: _____, Waretown, NJ 08758

Person Responsible/In Charge: _____

Address: _____, Waretown, NJ 08758

Phone No. _____

FOR: _____

Date Requested to be Used: _____ Rain Date: _____

TIME: _____ a.m./p.m. **TO** _____ a.m./p.m.

Number Attending:

Residents: _____ Non-Residents: _____ TOTAL: _____

APPLICATION must be filed 10 days prior to date of the Township Committee Meeting. NO ALCOHOLIC BEVERAGES PERMITTED. CERTIFICATE OF INSURANCE REQUIRED to be posted with application for use of Park/Lake.

APPLICATIONS must be returned and filed at the Township Clerk’s Office 50 Railroad Ave., Waretown 10 days prior to the date of Township Committee Meeting in order to be placed on the Agenda.

Financial Provisions (other than non-profit organizations):

1. **2018 Minimum Fee-\$150.00 for five (5) hours plus one (1) hour for set up/clean up. Any additional hours shall be \$20.00 per hour. \$100 Security Deposit required in addition to fee.**
2. **2019 Minimum Fee-\$200.00 for five (5) hours plus one (1) hour for set up/clean up. Any additional hours shall be \$20.00 per hour. \$100 Security Deposit required in addition to fee.**
3. **The Township will bill the organization for the facility for full compensation concerning damages to the building, grounds or equipment.**
4. **Organizations will be charged an overtime rate for fixing damages incurred by the organization.**

Any persons utilizing the lake for swimming during the event must swim in the designated lifeguard area.

Bathroom keys must be picked up at the Police Dept. within ½ hour before event and returned within ½ hour after event.

FOR OFFICIAL USE ONLY

Scheduled for Meeting of: _____

APPROVED by the TOWNSHIP COMMITTEE on the _____ day of _____, 20____.

SPECIAL CONDITIONS (if any): _____

TOWNSHIP CLERK



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H O L D H A R M L E S S A G R E E M E N T

BETWEEN THE TOWNSHIP OF OCEAN, MUNICIPAL CORPORATION OF THE STATE OF NEW JERSEY AND

 ORGANIZATION/INDIVIDUAL

 ADDRESS (NOT POST OFFICE BOX)

 TELEPHONE NUMBER

 ORGANIZATION TYPE (INDIVIDUAL, PARTNERSHIP, NON-PROFIT CORPORATION, CORPORATION, PUBLIC ENTITY)

In consideration of the use of Township facilities, (circle one): Lake Pavilion/Community Center; on the following dates: _____ for the purpose of _____, the undersigned agrees to indemnify and hold the Township of Ocean and its officers, agents, servants, consultants and employees harmless from any and all liability, claims, costs and attorney's fees arising out of the use of the property referred to above.

I understand that this Hold Harmless Agreement also provides that the Township of Ocean is indemnified from any losses or damages resulting from the acts or omissions from any guest, participant, visitor, or other person attending the event herein referred to. Unless waived in writing by the Township of Ocean, I agree to furnish a Certificate of Insurance specifically naming the Township of Ocean as an additional insured, for not less than \$500,000.00.

In order to induce to the Township of Ocean to accept this Hold Harmless Agreement, the following information concerning the intended use of the premises is furnished:

- A. Alcoholic beverages will not be served.
- B. Total number of persons anticipated is _____.
- C. Live entertainment (will) or (will not) be provided.
- D. Other _____.

Signed this _____ day of _____, 20____ as the binding
 act in deed of _____
 Name of Organization/Person

 Authorized Signature

 Witness